

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001974

**Entity Name:** PINE ISLAND COMMUNITY CHURCH INC.

**Current Principal Place of Business:**

5320 DOUG TAYLOR CIRCLE  
#7  
ST JAMES CITY, FL 33956

**Current Mailing Address:**

P.O. BOX 569  
STJAMES CITY, FL 33956 US

**FEI Number:** 77-0714554

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SEDLAR, MICHELLE  
5320 DOUG TAYLOR CIRCLE  
#7  
ST JAMES CITY, FL 33956 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MICHELLE SEDLAR

02/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name DOWNES, PAT  
Address P.O. BOX 569  
City-State-Zip: STJAMES CITY FL 33956

Title CHAIRMAN  
Name GRIMBLE, DAVID  
Address P.O. BOX 569  
City-State-Zip: STJAMES CITY FL 33956

Title TREASURER  
Name PARLON, PATT  
Address P.O. BOX 569  
City-State-Zip: STJAMES CITY FL 33956

Title PASTOR  
Name BROWNE, MICHELLE  
Address P.O. BOX 569  
City-State-Zip: STJAMES CITY FL 33956

Title VC  
Name LIPPINCOTT, ED  
Address P.O. BOX 569  
City-State-Zip: STJAMES CITY FL 33956

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE BROWNE

PASTOR

02/23/2024

Electronic Signature of Signing Officer/Director Detail

Date